

District of Columbia Real Estate Board
Continuing Education
COURSE SCHEDULE



SECTION 1 – PROVIDER AND COURSE IDENTIFICATION

<input type="text"/>																				<input type="text"/>			
Provider Name																				Provider ID Number			
<input type="text"/>																				<input type="text"/>			
Course Name																				ASI Course Identification Number (if course is previously approved)			

SECTION 2 – COURSE DATES AND LOCATIONS

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Class	<input type="text"/>	:	<input type="text"/>	AM/ PM	Class	<input type="text"/>	:	<input type="text"/>	AM/ PM	Break/ Meal	<input type="text"/>	:	<input type="text"/>	AM/ PM	Break/ Meal	<input type="text"/>	:	<input type="text"/>	AM/ PM		
Month		Day		Year			Start Time				End Time						Start Time				End Time						
<input type="text"/>																											
Street Address Line 1																											
<input type="text"/>																											
Street Address Line 2																											
<input type="text"/>																				<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>		
City																				State		Zip Code					
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Class	<input type="text"/>	:	<input type="text"/>	AM/ PM	Class	<input type="text"/>	:	<input type="text"/>	AM/ PM	Break/ Meal	<input type="text"/>	:	<input type="text"/>	AM/ PM	Break/ Meal	<input type="text"/>	:	<input type="text"/>	AM/ PM		
Month		Day		Year			Start Time				End Time						Start Time				End Time						
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City																				State		Zip Code					
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	Class	<input type="text"/>	:	<input type="text"/>	AM/ PM	Class	<input type="text"/>	:	<input type="text"/>	AM/ PM	Break/ Meal	<input type="text"/>	:	<input type="text"/>	AM/ PM	Break/ Meal	<input type="text"/>	:	<input type="text"/>	AM/ PM		
Month		Day		Year			Start Time				End Time						Start Time				End Time						
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<input type="text"/>																				<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>		
City																				State		Zip Code					

INSTRUCTIONS: For more course entries, use additional forms. If multiple course sessions are offered in the same location, make multiple entries. If course spans multiple days, use only initial day. This form can only be submitted in conjunction with a course approval application or as an update to an approved course. This form must be submitted along with any new course approval application.

Forward this form to:
Schanolia Barnes, Education Specialist
DC Real Estate Board/OPLA

Standard Mail:
P.O. Box 37200
Washington, DC 20013-7200

Overnight Mail:
941 Capitol St., N.E.
7th Floor, Suite 7200
Washington, DC 20002